

STATE OF SOUTH CAROLINA

220678

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Posted: DecDept: S.A./ORSDate: 12/8/09Time: 3:10

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 503 - T

The Golden Rule L.L.C.
dba Caring Transitions
of Upstate South Carolina

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JANET PARKINSONTelephone: (864) 243-8805Address: 301 Black Horse RunFax: (864) 248-0504Simpsonville, SC 29681

Other: _____

Email: JPARKINSON@CaringTransitions.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate Increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

DEC 03 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 9/22/09

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____. My certificate was revoked/
cancelled on _____ because _____

I am seeking reinstatement because _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

THE GOLDEN RULE, LLC d.b.a.

Caring Transitions of Upstate South Carolina

301 Black Horse Run, Simpsonville, SC 29681

Street Address of Applicant

Mailing Address of Applicant if different from street address

(864) 243-8805

Phone

FAX

J.PARKINSON@CaringTransitions.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Limited Liability Corporation - LLC - JANET PARKINSON

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Nov Year 2009

Assets:

Cash	\$ 25,000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	0
Garage Equipment (Net)	0
Machinery and Tools (Net)	\$ 8,000 computers, office equipment, hand trucks, software, tables, cash register, dollies
Supplies on Hand	\$ 500.00 office supplies, boxes, packing material
Prepays and Other Assets	\$ 40,000 Franchise Business; Chring Transitions
Total Assets	\$ 78,000

Liabilities and Equity:

Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	Monthly Franchise Royalty \$ 350.00
Total Liabilities	0
Capital Stock	0
Retained Earnings	\$ 22,000
Total Equity	\$ 78,000
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

attached

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Greenville
Spartanburg
Pickens
Anderson
Cherokee
Oconee
Union
Laurens
Abbeville
Greenwood
Newberry
York

page 1 of 5

Moving Pricing Packages

For your protection, and the protection of your residents, Caring Transitions is licensed, insured, and bonded, and personnel have been background checked.

New Resident Move-Ins

2 Rooms—New Resident Move In

\$860.00 w/o packing

\$1017.50 w/packing and box return

The plan includes the following:

Bedroom suite: Bed, dresser and mirror, a night stand, chest of drawers, 2 lamps, (perhaps) 1 chair (or the equivalent amount of furniture)

Living Room: Sofa, coffee table, 2 end tables, 3 lamps, TV/stand, 2 chairs, a bookshelf or cabinet (or the equivalent amount of furniture)

3 Rooms—New Resident Move In

\$973.75 w/o packing

\$1123.75 w/packing and box return

The plan includes the following:

Bedroom suite: Bed, dresser and mirror, a night stand, chest of drawers, 2 lamps, (perhaps) 1 chair (or the equivalent amount of furniture)

Living Room: Sofa, coffee table, 2 end tables, 3 lamps, TV/stand, 2 chairs, a bookshelf or cabinet (or the equivalent amount of furniture)

Plus, a third room furnished with approximately an equivalent amount of furniture as described above

page 2 of 5

4 Rooms—New Resident Move In

\$1005.00 w/o packing

\$1205.00 w/packing and box return

The plan includes the following:

Bedroom suite: Bed, dresser and mirror, a night stand, chest of drawers, 2 lamps, (perhaps) 1 chair (or the equivalent amount of furniture)

Living Room: Sofa, coffee table, 2 end tables, 3 lamps, TV/stand, 2 chairs, a bookshelf or cabinet (or the equivalent amount of furniture)

Plus, 2 more rooms each furnished with approximately an equivalent amount of furniture as described above

Price Qualifying Information

To be able to confidently quote a fee for a move Caring Transitions must be able to have a quick look at the items to be moved prior to the move.

Every effort has been made to keep the fee as low as possible while still providing a level of service quality that assures customer satisfaction even when unexpected circumstances are encountered.

Quoted prices are contingent upon the following conditions:

1. Service personnel are not delayed after their arrival at the pick-up location due to lack of client/customer preparation.
2. Belongings for which the client/customer is responsible for packing must be are packed and ready to be loaded upon the mover's arrival. If the movers are required to pack additional charges will apply.
3. Furniture to be moved has been identified in advance of moving personnel arrival and it is easily accessible for loading using the most direct route in and out.
4. Additional charges may be incurred if the client's furnishings are unusually difficult to disassemble, and/or move, and/or reassemble.

5. The new resident's belongings are within 15 miles of the new residence. If the belongings are more than 15 miles from the new residence an additional charge of \$0.75 per mile will apply.

In-House Moves (moves within the same building, or, do not require loading on a truck)

2 Rooms—In-House Move

\$500.00

The plan includes the following:

Bedroom suite: Bed, dresser and mirror, a night stand, chest of drawers, 2 lamps, (perhaps) 1 chair (or the equivalent amount of furniture)

Living Room: Sofa, coffee table, 2 end tables, 3 lamps, TV/stand, 2 chairs, a bookshelf or cabinet (or the equivalent amount of furniture)

Up to 10 boxes packed sufficiently to be safely moved within the facility

A \$5.00 charge will be added for each excess box

3 Rooms—In-House Move

\$605.00

The plan includes the following:

Bedroom suite: Bed, dresser and mirror, a night stand, chest of drawers, 2 lamps, (perhaps) 1 chair (or the equivalent amount of furniture)

Living Room: Sofa, coffee table, 2 end tables, 3 lamps, TV/stand, 2 chairs, a bookshelf or cabinet (or the equivalent amount of furniture)

Plus, a third room furnished with approximately an equivalent amount of furniture as described above

Up to 12 medium boxes packed sufficiently to be safely moved within the facility

A \$5.00 charge will be added for each excess box

4 Rooms—In-House Move

\$710.00

The plan includes the following:

Bedroom suite: Bed, dresser and mirror, a night stand, chest of drawers, 2 lamps, (perhaps) 1 chair (or the equivalent amount of furniture)

Living Room: Sofa, coffee table, 2 end tables, 3 lamps, TV/stand, 2 chairs, a bookshelf or cabinet (or the equivalent amount of furniture)

Plus, 2 more rooms each furnished with approximately an equivalent amount of furniture as described above

Up to 14 boxes packed sufficiently to be safely moved within the facility

A \$5.00 charge will be added for each excess box.

Other Move Related Services

Packing Services

Packaged rates for packing are quoted above. When the need for packing exceeds the limitations of the packaged rates we will pack the clients belongings, charging for time and materials as follows: time at \$22.50 per hour, plus \$1.50 per box, with box return. Boxes not returned will be charged \$3.00 per box, and 18.00 for wardrobe boxes.

Perfect-Fit Downsizing

Perfect-Fit Downsizing is great for clients who have a lot of belongings and are having a difficult time deciding what to take with them to the new home. These decisions are especially critical when the client has an impaired ability to ambulate, and/or uses a walking aid of any type, and is thereby at greater risk of falling.

Caring Transition's *Perfect-Fit Downsizing* can assist the client in determining what belongings the client needs to take to the new residence, and what belongings must remain behind. *Perfect-Fit Downsizing* uses special software to determine if the planned furniture will fit into the new home. A *to-scale* floor plan of the new home will be created with every piece of furniture in its place. It's easy to determine if there is sufficient room for the client to freely ambulate within the home.

Perfect-Fit Downsizing can usually be completed within a two hour client meeting/assessment during which necessary information is gathered to create the individualized floor plan. The fee for this service is \$200.00

Sorting and Organizing

The client must decide what belongings need to be moved to their new residence. This is often an overwhelming project for some families who need help. Downsizing requires the client's belongings be sorted and organized according to what needs to be taken to the new home. This can be a time consuming job. Many clients have difficulty deciding what to leave behind. If requested, Caring Transitions will actively work through this task, helping the client complete the task in a timely manner.

The charge for this service is \$45.00 per hour

Capturing the familiarity of the Old Home in the New Home

People who have lived in the same home for a long period of time often experience stress or depression related to relocating to a new home. When requested, Caring Transitions will spend time with the client learning from them what it was about the old home that made it comfortable. Often it is simply the familiar location of furnishings, or the placement and positioning of belongings in the client's most personal living space. Some of these characteristics of the old home can be maintained or duplicated in the new home. Photos and measurements can be taken of the old home's bookshelf, wall portrait arrangement, china cabinet, or whatever it is that is important, and used to duplicate the familiar arrangement in the new home.

The charge for this service is \$45.00 per hour

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *
WE will use RENTAL Trucks				
WE own handtrucks, dollies, Platform trucks				

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

The Golden Rule, LLC dba Caring Transitions

Name of Motor Carrier

301 Black Horse Run, Simpsonville, SC 29681

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 1,620.00

Cargo Insurance \$ 148.00

Limits Quoted (See Below:)

Limits \$1,000,000 / \$3,000,000

Limits \$50,000

* Attach Certificate of Insurance if available.

Philadelphia Insurance Company

Name of Insurance Company

One Bala @ Plaza, Ste 100 Bala Cynwyd, PA 19004

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-24-09

Date

Amey Cam

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

Exhibit FWA

The Golden Rule, LLC d.b.a. Caring Transitions of Upstate South Carolina
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

* 4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

* 5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME

This 1 day of Dec, 2009

[Signature]
Notary Public

Janet E. Parkinson.
Applicant's Signature

Commission Expires 6/16/10

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Greenville

Janet E. Parkinson
Janet E. Parkinson
Applicant's Signature

I, Janet E. Parkinson, President
Name of Applicant's Representative Title

of The Golden Rule D.B.A. Caring Transitions of Upstate South Carolina
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Janet E. Parkinson
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 1 day of Dec, 2009

[Signature]
Notary Public

Commission Expires 6.16.09

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JUN 13 2008

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is The Golden Rule, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

301 Black Horse Run
Street Address
Simpsonville City 29681 Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Janet E. Parkinson Name Janet E. Parkinson Signature

and the street address in South Carolina for this initial agent for service of process is

301 Black Horse Run
Street Address
Simpsonville City 29681 Zip Code

4. The name and address of each organizer is

(a) Janet E. Parkinson Name
301 Black Horse Run Street Address Simpsonville City
SC State 29681 Zip Code

(b) _____ Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5. ☒ Check this box only if the company is to be a term company. If so, provide the term specified: June 11, 2048

080616-0228

GOLDEN RULE, LLC, THE

FILED: 06/13/2008

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) _____
Name

Street Address City

State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(c) _____
Name

Street Address City

State Zip Code

(d) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

The Golden Rule, LLC
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Janet E. Parkinson
(Add Additional lines if necessary)

Date 6/12/08

FILING INSTRUCTIONS

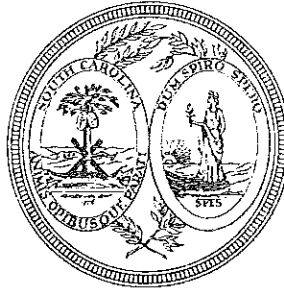
1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GOLDEN RULE, LLC, THE, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 13th, 2008, with a duration that is until June 11th, 2048, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
16th day of June, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State